

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

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**NOTE:** *If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.*

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

*(list name and registration number)*

Clarence A. Green	(Reg. No. 24,622)
Mark F. Harrington	(Reg. No. 31,686)
Thomas P. Dowd	(Reg. No. 24,586)

*(check the following item, if applicable)*

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

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**SEND CORRESPONDENCE TO**

Clarence A. Green  
Perman & Green, LLP  
425 Post Road  
Fairfield, CT 06430

**DIRECT TELEPHONE CALLS TO:**

*(Name and telephone number)*

Clarence A. Green  
(203) 250-1800

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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

**NOTE:** Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

**Full name of sole or first inventor**

Ari		HOURLUNRANTA
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)

Inventor's signature

Prithuvaran

Date \_\_\_\_\_

June 27, 2001

Country of Citizenship

## Finland

### Residence

Neulaskatu 3 B 27, FIN-33820 Tampere, Finland

Post Office Address

same as above

**Full name of second joint inventor, if any**

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

**Inventor's signature**

Date \_\_\_\_\_

Country of Citizenship

## Residence

Post Office Address

**Full name of third joint inventor, if any**

(GIVEN NAME)	MIDDLE INITIAL OR NAME	FAMILY (OR LAST NAME)
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**Inventor's signature**

Date \_\_\_\_\_

Country of Citizenship

### Residence

**Post Office Address**

(check proper box(es) for any of the following added page(s)  
that form a part of this declaration)

☐ **Signature** for fourth and subsequent joint inventors. *Number of pages added* \_\_\_\_\_

\* \* \*

☐ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or  
incapacitated inventor. *Number of pages added* \_\_\_\_\_

\* \* \*

☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized  
under 37 CFR 1.47. *Number of pages added* \_\_\_\_\_

\* \* \*

☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal  
representative cannot be appointed in time. (37 CFR 1.47)

\* \* \*

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or  
continuation-in-part (C-I-P) application.

☐ Number of pages added \_\_\_\_\_

\* \* \*

☐ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

(if no further pages form a part of this Declaration,  
then end this Declaration with this page and check the following item)

☒ This declaration ends with this page.